Complete if Known

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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				cation Number	10/586,0		
FEE TRANSMITTAL			Filing		July 18, 2	*********************	
For FY 2009				Named Inventor	Morteza		
				iner Name	N. E. Eve	dy	
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT \$810.00			Art U		3768 1362001	2001	-
CIOTAL AMOUNT OF PAS	(MEN)	\$810.00	Allon	ney Docket No.	1302001	~ZVU0.1	
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Cred	it Card	Money Order		None [Other (plea	se identify):	
Deposit Account Number: 50-0320 Deposit Account Name: Frommer Lawrence & Haug LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for						scept for the fi	ling fee
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	**************************************			***************************************			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
-, -, -, -, -, -, -, -, -, -, -, -, -, -	FILIN	RCH FEES		JTION FEES			
		Small Entity	ww. /m.	Small Entity		Small Entity	** ** **
Application Type	Fee (S)	Fee (\$)	Fee (\$)	Fee (S)	Fee (S)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEE	S						
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195							
Total Claims				S) Fee Paid (S)			endent Claims
41 -46 ==	41 -46 = 0 X =						Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							
$\frac{\text{Extra Cisiss}}{2} - 3 \text{ or HP} = 0 \qquad X = \frac{\text{Extra Cisiss}}{2}$							
HP = highest number of total claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the							
application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets	/ 50 ==	Hamber		d up to a whole nu		1.66 (3)	rec i aiu (.)
Man Madd (M)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination \$810.00							
CUDA(CYCTO DV							
SUBMITTED BY Signature / yell	S. Target ()	***************************************		gistration No. 4		Telephone	(206) 336-5668
	Z 211-		(At	torney/Agent)	-		
Name (Print/Type) Bruce I	E. Black					Date	June 20, 2011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.